






Anna University, Chennai
PSN Institute of Technology and Science - 9524

Consolidated_Report

13.faculty

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. KATHIRVEL M
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	45G/2, SIVASAKTHI ILLAM, SOOSI ST, RAMANPUTHUR,
Line 2	NAGARCOIL-629004
District	KANYAKUMARI
Telephone number	04634 - 279084
Mobile number	+91 - 9486507441
Email	MKATHIRVELPHD@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXUPK2444F
Passport Number	
Aadhar Number	350356000156
Faculty code given by C.O.E.	9623001
Faculty code given by A.I.C.T.E.	12497078025
Date of Birth	15-05-1965
Age	58
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1990	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	MADURAI KAMARAJ UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2005	OTHERS - SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - SATHYABAMA UNIVERSITY	78	FIRST CLASS	
PH.D.	PH.D.	OTHERS - COMPOSITE MATERIALS	2011	OTHERS - SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - SATHYABAMA UNIVERSITY	Y		
* Upload Scanned copy of Original Degree Certificate.								
I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score : File :								
II. Title of Ph.D. Thesis					EXPERIMENTAL STUDIES AND ANALYSIS ON MACHINING CHARACTERISTICS OF HYBRID METAL MATRIX COMPOSITES BY PCD CUTTING TOOL			
III. Faculty in which Ph.D. was awarded					FACULTY OF MECHANICAL ENGINEERING			
IV. Academic Experience : (Start from the Current working Experience) *								

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
AMRITA COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - PRICIPAL	16-06-2011	31-05-2014	2	11	15
AMRITA COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - SENIOR LECTURER	02-12-1999	30-04-2005	5	4	30
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	PRINCIPAL	02-06-2014	20-05-2023	8	11	19
OTHERS - INDIAN ENGINEERING COLLEGE	OTHERS - LECTURER	02-06-1995	25-11-1999	4	5	24
AMRITA COLLEGE OF ENGINEERING AND TECHNOLOGY	PROFESSOR	02-05-2010	15-06-2011	1	1	14
AMRITA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-05-2005	01-05-2010	5	0	1
Total				27	11	19

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
ACME CHAIN COMPANY LIMITED	PRODUCTION ENGINEER	MANUFACTURING	16-06-1993	20-05-1995	1	11	5
AMBIKA INDUSTRIES	PRODUCTION ENGINEER	MANUFACTURING	10-06-1990	12-05-1993	2	11	3
Total					4	10	12

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year





AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. VARADHASESHAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NO 59, GOVINDASAMY STREET, NEW 13TH WARD
Line 2	KANNANKURICHI POST, PIN - 636008
District	SALEM
Telephone number	-
Mobile number	+91 - 7305245386
Email	RVSESHAN@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	ALDPV8520C
Passport Number	
Aadhar Number	344959629678
Faculty code given by C.O.E.	9524212
Faculty code given by A.I.C.T.E.	143366758179
Date of Birth	12-02-1981
Age	42
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - PHYSICS	2001	OTHERS - GOVT ARTS COLLEGE SALEM	PERIYAR UNIVERSITY	74.48	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2003	OTHERS - NATIONAL COLLEGE TRICHY	BHARATHIDASAN UNIVERSITY	69.40	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - PHYSICS	2006	OTHERS - NATIONAL COLLEGE TRICHY	BHARATHIDASAN UNIVERSITY	77.80	SECOND CLASS	
PH.D.	PH.D.	PHYSICS	2018	OTHERS - PARAMAKALYANI COLLEGE TENKASI	MANOMANIAM SUNDARAN UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

MAGNETIC BEHAVIOUR OF TRANSITION METAL DOPED METAL OXIDE SEMICONDUCTOR NANOCRYSTALS

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - NATIONAL COLLEGE TRICHY	OTHERS - LECTURER	24-11-2003	31-08-2009	5	9	7
OTHERS - MS UNIVERSITY COLLEGE GOVINDAPERI	ASSISTANT PROFESSOR	21-12-2018	22-03-2022	3	3	2
SCAD COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	11-03-2016	14-06-2018	2	3	4
MAHENDRA ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	02-09-2009	09-02-2011	1	5	8
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSOCIATE PROFESSOR	01-03-2023	20-05-2023	0	2	20
Total				12	11	17

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

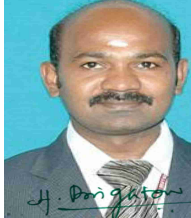
VI. C.O.E. Appointment Experience :



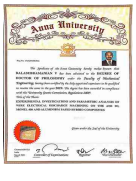
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.E.-MECHATRONICS ENGINEERING
Name of the faculty member	DR. BALASUBRAMANIAN V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	4/214, INDRA NAGAR, NALLUR POST
Line 2	ALANGULAM-627853
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 7200373877
Email	BAPELAR2010@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AQHPB4657M
Passport Number	
Aadhar Number	734432989910
Faculty code given by C.O.E.	9527095
Faculty code given by A.I.C.T.E.	1464150215
Date of Birth	17-05-1979
Age	44
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2000	OTHERS - THE INDIAN ENGINEERING COLLEGE	MANOMANIAM SUNDARAR UNIVERSITY	64.9	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2005	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	71.09	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL AND AUTOMATION ENGINEERING	2019	SRI SIVASUBRAMANIAN NADAR COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

EXPERIMENTAL INVESTIGATIONS AND PARAMETRIC ANALYSIS OF WIRE ELECTRICAL DISCHARGE MACHINING ON THE AISI D3, MONEL 400 AND ALUMINIUM BASED HYBRID COMPOSITES.

III. Faculty in which Ph.D. was awarded

FACULTY OF MECHANICAL ENGINEERING

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SARDAR RAJA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-06-2005	01-01-2019	13	6	12
SARDAR RAJA COLLEGE OF ENGINEERING	ASSOCIATE PROFESSOR	02-01-2019	31-05-2020	1	4	30
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSOCIATE PROFESSOR	01-12-2022	20-05-2023	0	5	20
SARDAR RAJA COLLEGE OF ENGINEERING	PRINCIPAL	01-06-2020	14-06-2022	2	0	14
Total				17	5	18

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year



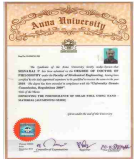
AUR (No. of days) 12	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 1	Central Evaluation (No. of scripts Evaluated) 100	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	DR. SELVARAJ P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	136 MADURAI RAJA KADAI ST,
Line 2	RAJAPALAYAM, PINCODE - 626117
District	VIRUDHUNAGAR
Telephone number	-
Mobile number	+91 - 7010255980
Email	SELVARAJ.RJPM3@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DFJPS4604R
Passport Number	
Aadhar Number	229284599653
Faculty code given by C.O.E.	9524209
Faculty code given by A.I.C.T.E.	17427314761
Date of Birth	21-03-1969
Age	54
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2003	THIAGARAJAR COLLEGE OF ENGINEERING (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	59.2	SECOND CLASS	
P.G.	M.E.	CAD/CAM	2006	OTHERS - ARULMIGU KALASALINGAM COLLEGE OF ENGINEERING	ANNA UNIVERSITY	65	FIRST CLASS	
PH.D.	PH.D.	NANO SCIENCE AND TECHNOLOGY	2019	CAPE INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

IMPROVING THE PERFORMANCE OF SOLAR STILL USING NANO MATERIAL

III. Faculty in which Ph.D. was awarded

FACULTY OF MECHANICAL ENGINEERING

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
MAHAKAVI BHARATHIYAR COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - VICE PRINCIPAL	15-03-2010	01-10-2018	8	6	18
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	PROFESSOR	15-02-2022	20-05-2023	1	3	6
P S R ENGINEERING COLLEGE (AUTONOMOUS)	OTHERS - LECTURER	12-03-2001	29-04-2004	3	1	18
P.S.R.R COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-05-2006	26-02-2010	3	9	17
GRACE COLLEGE OF ENGINEERING	PRINCIPAL	05-10-2018	31-08-2020	1	10	27
OTHERS - P A C R POLYTECHNIC COLLEGE	OTHERS - LECTURER	04-10-1989	27-02-2001	11	4	24
Total				30	0	21

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :



Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	INDUSTRIAL ENGINEERING
Name of the Degree & Course	B.E.-INDUSTRIAL ENGINEERING AND MANAGEMENT
Name of the faculty member	MR. PRASANNA PRABHU R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	7-1/27 EAST ST, KOOMAPATTI
Line 2	VIRUTHUNAGAR
District	VIRUDHUNAGAR
Telephone number	04634 - 279086
Mobile number	+91 - 9629292538
Email	PRASANNA PRABHU.R@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BQNPP8811L
Passport Number	
Aadhar Number	835293059058
Faculty code given by C.O.E.	9524048
Faculty code given by A.I.C.T.E.	19319678751
Date of Birth	26-12-1979
Age	44
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2002	OTHERS - KALASALI NGAM COLLEGE OF ENGINEERING	MADURAI KAMARAJ UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	ENERGY ENGINEERING	2004	OTHERS - KALASALI NGAM COLLEGE OF ENGINEERING	ANNA UNIVERSITY	73	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
INFANT JESUS COLLEGE OF ENGINEERING	OTHERS - LECTURER	29-06-2005	28-11-2005	0	4	30
BHARATH NIKETAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-02-2006	13-10-2008	2	7	15
PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	20-10-2009	17-02-2010	0	3	29
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	18-02-2010	20-05-2023	13	3	3
SETHU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	05-11-2008	12-09-2009	0	10	8
Total				17	5	28


V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

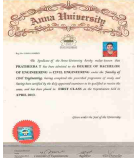
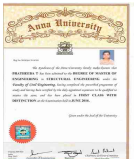
AUR (No. of days) 12	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 3	Central Evaluation (No. of scripts Evaluated) 300	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. PRATHEEBA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/102/1 VELLAMODI
Line 2	FRIDAY MARKET-629203
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7639775841
Email	PRATHEEBA036@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CNWPP4693R
Passport Number	
Aadhar Number	923372235918
Faculty code given by C.O.E.	9524112
Faculty code given by A.I.C.T.E.	13357673913
Date of Birth	20-03-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2013	UNIVERSITY COLLEGE OF ENGINEERING THIRUKK UVALAI	ANNA UNIVERSITY	73.5	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	UDAYA SCHOOL OF ENGINEERING	ANNA UNIVERSITY	86.8	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	22-06-2016	20-05-2023	6	10	29
UDAYA SCHOOL OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2013	31-05-2014	0	10	31
Total				7	10	5

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



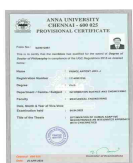
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.E.-MECHATRONICS ENGINEERING
Name of the faculty member	DR. PRINCE ANTONY JOEL J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	18/494, 21 STREET, SHANTHI NAGAR, PALAYAMKOTTAI
Line 2	TIRUNELVELI, 627002
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9486079946
Email	PRINCEJOEEE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AZIPP8792P
Passport Number	
Aadhar Number	303218325751
Faculty code given by C.O.E.	9527174
Faculty code given by A.I.C.T.E.	12494343574
Date of Birth	04-03-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2007	FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.2	FIRST CLASS	
P.G.	M.E.	MECHATRONICS ENGINEERING	2013	RAJAS ENGINEERING COLLEGE	ANNA UNIVERSITY	7.5	FIRST CLASS	
PH.D.	PH.D.	MECHATRONICS ENGINEERING	2022	FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

OPTIMIZATION OF HUMAN ADAPTIVE MECHATRONICS AND INTEGRATED APPROACH WITH CYBERNETICS

III. Faculty in which Ph.D. was awarded

FACULTY OF MECHANICAL ENGINEERING


IV. Academic Experience :
(Start from the Current working Experience) *


Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - KOTTAYAM INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	14-07-2014	20-12-2019	5	5	7
SARDAR RAJA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	10-03-2021	14-06-2022	1	3	5
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	02-01-2023	20-05-2023	0	4	19
Total				7	1	2



V. Industrial Experience :							
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Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :				
Capacity at which service is extended for the conduct of Exmination during the last year				
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 1	Central Evaluation (No. of scripts Evaluated) 150	Re-Evaluation (No. of scripts Evaluated)

It is certified that all the information provided are true to the best of my knowledge.				
<div style="display: flex; justify-content: center; align-items: center;">  </div> <p>Signature of the Faculty :</p>				

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MS. JEEVA PAULIN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	95, MAIN ROAD, NORTH ARIYANAYAKIPURAM,
Line 2	CHERANMAHADEVI TALUK,
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8825857070
Email	JEEVSPAULIN@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BSNPJ7185D
Passport Number	
Aadhar Number	505253901048
Faculty code given by C.O.E.	9524201
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	16-07-1997
Age	26
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2018	FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.32 CGPA	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2022	P S R ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	9.31 CGPA	DISTINCT ION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	26-04-2023	20-05-2023	0	0	25
Total				0	0	25

V. Industrial Experience :

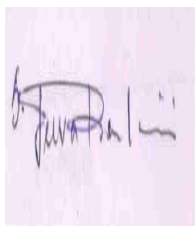
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink, appearing to be 'S. P. L.', is written on a light pink background.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. MANIKANDAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/116-2, S/O SUYAMBULINGAM, RAMANPUTHOOR,
Line 2	AGASTEESWARAM, PINCODE - 629701
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9003538695
Email	NSVMANIKANDAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BLTPM3744E
Passport Number	
Aadhar Number	233688636141
Faculty code given by C.O.E.	9524238
Faculty code given by A.I.C.T.E.	143379006843
Date of Birth	30-06-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2008	THIRUMALAI ENGINEERING COLLEGE	ANNA UNIVERSITY	79	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2014	MET ENGINEERING COLLEGE	ANNA UNIVERSITY	7.6 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-06-2019	20-05-2023	3	11	20
Total				3	11	25

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year


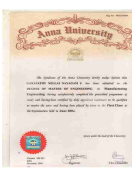
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A handwritten signature in black ink, appearing to be 'J. M. S.', is visible within the signature box.

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.E.-MECHATRONICS ENGINEERING
Name of the faculty member	MR. GANAPATHY NELLAI NAYAGAM S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	PLOT NO 55, IST CROSS STREET, MANGAMMAL SALAI, KAMATCHI NAGAR
Line 2	PALAYAMKOTTAI, PIN - 627011
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9894808441
Email	SGANAPATHY2K@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	AMMPG9437B
Passport Number	
Aadhar Number	791685409028
Faculty code given by C.O.E.	9527098
Faculty code given by A.I.C.T.E.	1800494625
Date of Birth	05-07-1979
Age	44
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2001	MAHARAJA ENGINEERING COLLEGE	BHARATHIYAR UNIVERSITY	62	SECOND CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2004	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	67	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	27-06-2022	20-05-2023	0	10	24
SARDAR RAJA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-01-2012	08-03-2021	9	2	4
INFANT JESUS COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2009	28-10-2011	2	4	26
MAHARAJA ENGINEERING COLLEGE	OTHERS - LECTURER	02-06-2005	11-05-2009	3	11	10
Total				16	5	7

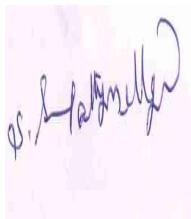
V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 1	Central Evaluation (No. of scripts Evaluated) 150	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. SOLAI RAJA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	107, 2ND STREET, VELAYUTHAPURAM
Line 2	KOVILPATTI - 628501
District	THOOTHUKUDI
Telephone number	04634 - 279086
Mobile number	+91 - 9994575678
Email	RAJA.SOLAI1@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	GEZPS6965D
Passport Number	
Aadhar Number	304617990894
Faculty code given by C.O.E.	9531083
Faculty code given by A.I.C.T.E.	17366737388
Date of Birth	21-07-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2009	FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2012	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	7.63 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
 Score :
 File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
THAMIRABHARANI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	22-12-2014	30-04-2019	4	4	10
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	20-06-2019	20-05-2023	3	11	1
Total				8	3	13

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. MADHUSOODHANAN NAIR A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1-4, KRISHNA BHAVAN, THENKARAI
Line 2	THUCKALAY, PIN - 629175
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9952950136
Email	PSNITS.PRINCIPAL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ATJPM2481R
Passport Number	
Aadhar Number	851309864830
Faculty code given by C.O.E.	9524229
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	20-05-1959
Age	64
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2011	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUNELVELI	ANNA UNIVERSITY	62	FIRST CLASS	
P.G.	M.E.	ENERGY ENGINEERING	2014	CAPE INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	7.2 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	11-07-2018	20-05-2023	4	10	10
Total				4	10	15

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

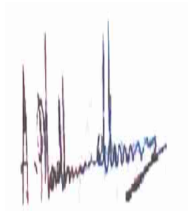
VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Examination during the last year





AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A handwritten signature in blue ink, appearing to be 'A. K. Singh', is written over a light blue grid background.

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	DR. ANANTHI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/102, MIDDLE STREET, KALATHUMADAM
Line 2	ALANGULAMM TIRUNELVELI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9865989247
Email	ANANTHIARIVALAGAN@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	APGPA6203A
Passport Number	
Aadhar Number	830617196035
Faculty code given by C.O.E.	9524200
Faculty code given by A.I.C.T.E.	143391946613
Date of Birth	20-05-1974
Age	49
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	OTHERS - TAMIL	1994	OTHERS - SRI PARASAKTHI COLLEGE FOR WOMEN	MANOMANIAM SUNDARAR UNIVERSITY	73	FIRST CLASS	
P.G.	OTHERS - M.A.	OTHERS - TAMIL	2011	OTHERS - DDCE	MANOMANIAM SUNDARAR UNIVERSITY	71	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - TAMIL	2007	OTHERS - DDCE	MANOMANIAM SUNDARAR UNIVERSITY	74	FIRST CLASS	
PH.D.	PH.D.	OTHERS - TAMIL	2019	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

TAMIL

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	02-01-2023	20-05-2023	0	4	19
Total				0	4	21


V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	DR. GANESH K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	20/13, GANESH BHAVAN, VIGNESWARA STREET
Line 2	ERANIEL, NEYYOR POST, PIN - 629802
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9500819699
Email	KGANESHAUTO@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANTPG7191A
Passport Number	
Aadhar Number	566204840677
Faculty code given by C.O.E.	9524210
Faculty code given by A.I.C.T.E.	19570883877
Date of Birth	11-08-1982
Age	41
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	AUTOMOBILE ENGINEERING	2005	HINDUSTHAN COLLEGE OF ENGINEERING AND TECHNOLOGY(AUTONOMOUS)	ANNA UNIVERSITY	64	FIRST CLASS	
P.G.	M.TECH.	OTHERS - INTERNAL COMBUSTION ENGINES	2012	OTHERS - VEL TECH UNIVERSITY	OTHERS - VEL TECH UNIVERSITY	8.24 CGPA	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2018	OTHERS - VEL TECH UNIVERSITY	OTHERS - VEL TECH UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

PERFORMANCE AND EMISSION PARAMETERS OF CALOPHYLLUM INOPHYLLUM AND JATROPHA BIO DIESEL BLENDS IN A DI DIESEL ENGINE

III. Faculty in which Ph.D. was awarded

FACULTY OF MECHANICAL ENGINEERING

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSOCIATE PROFESSOR	01-02-2023	20-05-2023	0	3	20
Total				0	3	21

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MS. SIVASHAKTHI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	48C, SUBASCHANDRABOSEPURAM
Line 2	TIRUNELVELI, KALAKAD, PIN - 627501
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8220838598
Email	PSNITS.PRINCIPAL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FOGPS9560N
Passport Number	
Aadhar Number	470855621455
Faculty code given by C.O.E.	9524215
Faculty code given by A.I.C.T.E.	14562422435
Date of Birth	11-05-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - PHYSICS	2012	OTHERS - TDMNS COLLEGE	ANNA UNIVERSITY	86.6	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2014	OTHERS - VHNSN COLLEGE	MADURAI KAMARAJ UNIVERSITY	74.8	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - PHYSICS	2015	OTHERS - ANJA COLLEGE	MADURAI KAMARAJ UNIVERSITY	80.9	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	11-07-2018	20-05-2023	4	10	10
Total				4	10	15

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------------	---	--	--	---

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A photograph of a handwritten signature in blue ink on a light-colored, slightly textured paper. The signature is written in a cursive style and appears to read "M. Divyashakthi".

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MS. SANTHANAMARI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	153, AMMAN KOVIL STREET, EAST DEVANALLUR
Line 2	TIRUNELVELI, NANGUNERI TK
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9944192266
Email	MARIMATHS89@GMAIL.COM
Gender	FEMALE
Community	OTHERS - DNC
PAN Number	HSNPS5139C
Passport Number	
Aadhar Number	874575956542
Faculty code given by C.O.E.	9524219
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	07-05-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	2010	OTHERS - THIRUVALLUVAR COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	63	SECOND CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2012	OTHERS - SARAH TUCKER COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	71.16	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - MATHEMATICS	2014	OTHERS - ST JOHNS COLLEGE PALAYAM KOTTAI	MANOMANIAM SUNDARAN UNIVERSITY	73	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	03-08-2016	20-05-2023	6	9	18
Total				6	9	22

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

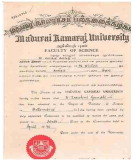
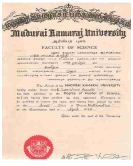

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. LAKSHMI GANDHI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	15/46, THIRD STREET,
Line 2	PERUMALPURAM
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9489965919
Email	LAKSHMIGANDHIKK@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	ADVPL0795P
Passport Number	
Aadhar Number	575927902707
Faculty code given by C.O.E.	9524217
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	03-05-1975
Age	48
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	1996	OTHERS - DEVANGA ARTS COLLEGE	MADURAI KAMARAJ UNIVERSITY	69	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	1998	OTHERS - SBK COLLEGE	MADURAI KAMARAJ UNIVERSITY	79	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - MATHEMATICS	1999	OTHERS - MADURAI KAMARAJ UNIVERSITY	MADURAI KAMARAJ UNIVERSITY	66	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	08-05-2023	20-05-2023	0	0	13
Total				0	0	13

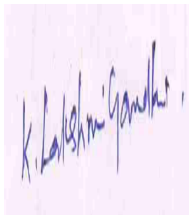
V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. RAJAGOPAL V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	15, 1ST MAIN STREET, 8TH CROSS STREET,
Line 2	KAMATCHI NAGAR, TIRUNELVELI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9952128835
Email	LAKSHAVIN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BVAPR7710L
Passport Number	
Aadhar Number	643454895585
Faculty code given by C.O.E.	9524202
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	27-09-1982
Age	41
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2010	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	57	SECOND CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2013	SARDAR RAJA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.84 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	05-04-2023	20-05-2023	0	1	16
Total				0	1	16

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



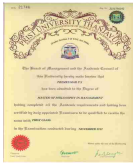
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink, appearing to read 'Wayne', is written over a light pink rectangular background.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. PREMKUMAR P S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	149, NGO NEW COLONY
Line 2	TIRUNELVELI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9444133649
Email	PSPREM2002@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ATAPP7948H
Passport Number	
Aadhar Number	788210972206
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	05-03-1973
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	1993	OTHERS - ST JOHNS COLLEGE	MANOMANIAM SUNDARAR UNIVERSITY	68	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2010	PSN ENGINEERING COLLEGE	ANNA UNIVERSITY	64	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - MANAGEMENT	2012	OTHERS - PRIST UNIVERSITY	OTHERS - PRIST UNIVERSITY	61	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	03-05-2023	20-05-2023	0	0	18
Total				0	0	18

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MRS. MALATHY K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/95B, NORTH STREET,
Line 2	RENGASAMUDRAM, PIN - 627413
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9486702177
Email	PSNITS.PRINCIPAL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ATZPM9983G
Passport Number	
Aadhar Number	827831875735
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	04-01-1976
Age	47
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.COM.	COMMERCE	1996	OTHERS - UNIVERSITY OF MADRAS	UNIVERSITY OF MADRAS	58	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2022	PSN ENGINEERING COLLEGE	ANNA UNIVERSITY	8.06 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	05-05-2023	20-05-2023	0	0	16
Total				0	0	16

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year


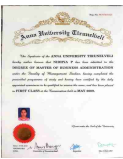


AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

K. Malathy

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	DR. NIDHYA P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/109, YADHAVAR STREET,
Line 2	THERKU KADAYAM, POTTALPUDUR
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9655142586
Email	PSNITS.PRINCIPAL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ATCPN1100F
Passport Number	
Aadhar Number	626133301829
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	23-08-1985
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	ENGLISH	2007	OTHERS - SRI PARASAKTHI COLLEGE FOR WOMEN	MANOMANIAM SUNDARNAR UNIVERSITY	55	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2009	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUNELVELI	ANNA UNIVERSITY	74	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - MANAGEMENT	2017	OTHERS - MANOMANIAM SUNDARNAR UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	2017	FIRST CLASS	
PH.D.	PH.D.	MASTER OF BUSINESS ADMINISTRATION	2021	OTHERS - MANOMANIAM SUNDARNAR UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

A STUDY ON IMPACT OF TEACHER MORAL ON STUDENT DEVELOPMENT OF MATRICULATION HIGHER SECONDARY SCHOOLS IN TIRUNELVELI DISTRICT


III. Faculty in which Ph.D. was awarded

FACULTY OF MANAGEMENT



IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	03-05-2023	20-05-2023	0	0	18
Total				0	0	18

V. Industrial Experience :						
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience	
					Years	Months
					Days	
VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year						
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)		
It is certified that all the information provided are true to the best of my knowledge.						
<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p style="margin-top: 100px;">Signature of the Faculty :</p> </div> <div style="flex: 1; text-align: center;">  </div> </div>						

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.A.-MASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MS. JENIFER A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/50, KARUVEL NADAR STREET
Line 2	AVUDAIYANOOR, TIRUNELVELI - 627808
District	TENKASI
Telephone number	-
Mobile number	+91 - 8428305893
Email	JENIFERA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BDMPJ2431A
Passport Number	
Aadhar Number	335790024641
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	30-05-1996
Age	27
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	OTHERS - HISTORY	2016	OTHERS - MANONMANIAM SUNDARANAR UNIVERSITY	MANOMANIAM SUNDARANAR UNIVERSITY	58	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINISTRATION	2018	PSN ENGINEERING COLLEGE	ANNA UNIVERSITY	75	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	05-05-2023	20-05-2023	0	0	16
Total				0	0	16

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year

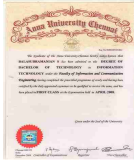

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. BALASUBRAMANIAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	95/74A, BHARATHI DASAN STREET,
Line 2	CHERANMAHADEVI, PIN - 627414
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9940733802
Email	BALUIT303@REDIFFMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BSMPB5354H
Passport Number	
Aadhar Number	908161500074
Faculty code given by C.O.E.	9524175
Faculty code given by A.I.C.T.E.	111096480697
Date of Birth	26-09-1985
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2008	SCAD COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND ENGINEERING	2013	OTHERS - PONNAIYAH RAMAJAYAM INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - PRIST UNIVERSITY THANJAVUR	8 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
R V S COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	13-07-2010	15-04-2011	0	9	3
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	08-09-2021	20-05-2023	1	8	13
R V S COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-07-2013	11-05-2018	4	10	11
Total				7	3	0


V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

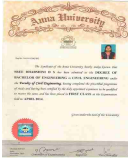
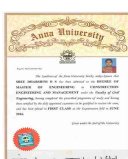
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. SREE DHARSHINI D S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3/82A, SA STREET, SEETHAPAL,
Line 2	BOOTHAPANDY POST, KANYAKUMARI
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7418690114
Email	SREEDHARSHINI92@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	FBGPS8472G
Passport Number	
Aadhar Number	952850355314
Faculty code given by C.O.E.	9524197
Faculty code given by A.I.C.T.E.	143373434504
Date of Birth	09-08-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2014	ARUNACHALA COLLEGE OF ENGINEERING FOR WOMEN	ANNA UNIVERSITY	7 CGPA	FIRST CLASS	
P.G.	M.E.	CONSTRUCTION ENGINEERING AND MANAGEMENT	2016	VINS CHRISTIAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	12-12-2022	20-05-2023	0	5	9
Total				0	5	11

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year

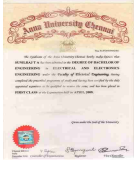

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink, appearing to be 'H/2/23', is written over a light purple rectangular background.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. SUNIL RAJ T A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10/55A, VILATHIVILAI, PAZHAVILAI POST
Line 2	KANYAKUMARI-629501
District	KANYAKUMARI
Telephone number	04652 - 250987
Mobile number	+91 - 9943337656
Email	TASUNILRAJ@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	GNAPS0243E
Passport Number	
Aadhar Number	530793545206
Faculty code given by C.O.E.	9524011
Faculty code given by A.I.C.T.E.	1757613461
Date of Birth	15-07-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRIC AL AND ELECTRONICS ENGINEERING	2008	OTHERS - SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2010	BANNARI AMMAN INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	72	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	18-07-2011	20-05-2023	11	10	3
Total				11	10	8

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**


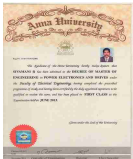
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. SIVAMANI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	KEEZHA MAVILAI ,SOUTH SOORANKUDY POST,
Line 2	KANYAKUMARI -629501
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 9944261809
Email	SIVAMANI0506@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EFYPS6818P
Passport Number	
Aadhar Number	486085501654
Faculty code given by C.O.E.	9524104
Faculty code given by A.I.C.T.E.	12916484088
Date of Birth	05-06-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2011	UNIVERSITY COLLEGE OF ENGINEERING NAGERCOIL	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	POWER ELECTRONICS AND DRIVES	2013	OTHERS - MNM JAIN ENGINEERING COLLEGE	ANNA UNIVERSITY	7.8 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
 Score :
 File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	04-01-2016	20-05-2023	7	4	17
Total				7	4	19

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		2	250	

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty : 

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.E.-MECHATRONICS ENGINEERING
Name of the faculty member	MR. VIJAYAN T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9/346-4, MADAKANPATTI STREET
Line 2	AVUDAIYANOOR, PIN - 627808
District	TENKASI
Telephone number	-
Mobile number	+91 - 8681894901
Email	RTVIJAYAN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BOBPV6206F
Passport Number	
Aadhar Number	536582941240
Faculty code given by C.O.E.	9524230
Faculty code given by A.I.C.T.E.	13569290588
Date of Birth	12-02-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2007	SARDAR RAJA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	OTHERS - PERVASIVE COMPUTING TECHNOLOGIES	2010	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUCHIRAPPALLI	ANNA UNIVERSITY	6.43	SECOND CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
A R COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	20-03-2010	30-11-2012	2	8	12
J P COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2012	29-06-2015	2	6	29
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-11-2017	30-03-2023	5	4	29
Total				10	8	14

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. VALLINAYAGAM V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8/55, NORTH STREET, MUDIVAITHANENDAL
Line 2	THOOTHUKUDI, PIN - 628102
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9488537970
Email	V.VALLINAYAGAM@YMAIL.COM
Gender	MALE
Community	BC
PAN Number	ADOPV1432A
Passport Number	
Aadhar Number	761121441760
Faculty code given by C.O.E.	9524193
Faculty code given by A.I.C.T.E.	143373434157
Date of Birth	10-06-1978
Age	45
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2008	OTHERS - VINAYAKA MISSIONS UNIVERSITY	OTHERS - VINAYAKA MISSIONS UNIVERSITY	79	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2010	MEPCO SCHLENK ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	69	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	11-11-2022	20-05-2023	0	6	10
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	10-07-2010	22-04-2017	6	9	13
Total				7	3	25

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days



VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. JOTHI MARAGATHAVALLI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/67 MUGILANVILAI
Line 2	MANIKETTIPOTTAL-629501
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 9976685093
Email	JOTHISMD@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ALPPJ4939D
Passport Number	
Aadhar Number	790743317025
Faculty code given by C.O.E.	9524207
Faculty code given by A.I.C.T.E.	13357563238
Date of Birth	20-07-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2008	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2014	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	76	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	23-12-2016	20-05-2023	6	4	29
PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	02-07-2014	22-12-2016	2	5	21
Total				8	10	24


V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

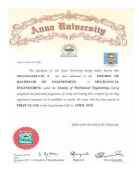
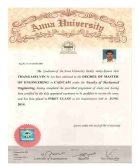
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.E.-MECHATRONICS ENGINEERING
Name of the faculty member	MR. THANGASELVIN N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4A, UDIYAVAR ST, PETTAI
Line 2	TIRUNELVELI-627004
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9500312228
Email	THANGASELVIN01@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	AZEPT9535E
Passport Number	
Aadhar Number	718160509894
Faculty code given by C.O.E.	9524045
Faculty code given by A.I.C.T.E.	12491692339
Date of Birth	29-03-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2010	UDAYA SCHOOL OF ENGINEERING	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2014	SHANMUGANATHAN ENGINEERING COLLEGE	ANNA UNIVERSITY	7.9 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	27-01-2014	20-05-2023	9	3	25
Total				9	3	26

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		1	150	

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A handwritten signature in blue ink, appearing to be 'H. S. S.', is positioned to the right of the text 'Signature of the Faculty :'. The signature is written in a cursive, stylized font.

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. PHILIP ALLWYN T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	161, ALADIPATTI ROAD, CHINNACRANNI VAGAR
Line 2	SRIVIULLIPUTHUR - 626125
District	VIRUDHUNAGAR
Telephone number	04634 - 279086
Mobile number	+91 - 9500474788
Email	PHILIPALLWYN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DLAPP6857A
Passport Number	
Aadhar Number	968786614496
Faculty code given by C.O.E.	9535252
Faculty code given by A.I.C.T.E.	17366256850
Date of Birth	27-06-1985
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2007	KALASALI NGAM INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	69.8	FIRST CLASS	
P.G.	M.TECH.	OTHERS - EMBEDDED SYSTEM TECHNOLOGIES	2012	KALASALI NGAM INSTITUTE OF TECHNOLOGY	OTHERS - KALASALI NGAM UNIVERSITY	7.68 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	26-08-2019	20-05-2023	3	8	26
MAHAKAVI BHARATHIYAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	21-11-2015	20-04-2017	1	4	30
V.P.M.M. COLLEGE OF ARCHITECTURE FOR WOMEN	ASSISTANT PROFESSOR	21-05-2017	20-06-2019	2	0	31
PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	20-07-2012	14-06-2013	0	10	26
J P COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-06-2013	21-10-2015	2	4	2
Total				10	5	28

V. Industrial Experience :

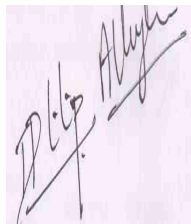
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
GSM PVT LTD TRIVANDRAM	SOFTWARE ENGG	SOFTWARE	14-08-2007	10-12-2008	1	3	28
CATOURI PVT LTD PONDICHERRY	SOFTWARE ENGG	SOFTWARE	14-01-2009	11-05-2010	1	3	29
Total					2	7	29


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. ASHABIN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	15/61A, MONDAIKADU POST,
Line 2	KALKULAM TALUK, PIN - 629252
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9486173235
Email	ASHABIN201194@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BMVPA1714R
Passport Number	
Aadhar Number	425485205405
Faculty code given by C.O.E.	9524192
Faculty code given by A.I.C.T.E.	14756576727
Date of Birth	20-11-1994
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2016	TAMILNADU COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.56 CGPA	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2021	UDAYA SCHOOL OF ENGINEERING	ANNA UNIVERSITY	7.8 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - MODERATOR GANADASON POLYTECHNIC COLLEGE	OTHERS - LECTURER	18-01-2019	05-08-2022	3	6	19
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	08-08-2022	20-05-2023	0	9	13
Total				4	4	4

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MR. SUBASH T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	14/83, KEEZHAMAVILAI, SOUTH SOORANKUDY POST
Line 2	KANYAKUMARI, 629501
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9786527206
Email	SUBASH206@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	FNMP57142R
Passport Number	
Aadhar Number	336695247186
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	21-07-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2008	VINS CHRISTIAN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2011	R V S COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.01 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
THAMIRABHARANI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	15-06-2012	31-08-2022	10	2	16
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	07-09-2022	09-02-2023	0	5	3
Total				10	7	22

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days) 6	Squad Member (No. of days) 3	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 500	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. THURAI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	MALAR ILLAM, MOOPPUVILAI,
Line 2	PADANTHALUMOODU POST
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9546526142
Email	THURAI57@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ABTPT6990N
Passport Number	
Aadhar Number	845279547439
Faculty code given by C.O.E.	9524221
Faculty code given by A.I.C.T.E.	17666583187
Date of Birth	20-05-1957
Age	66
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	1978	OTHERS - MK UNIVERSITY	MADURAI KAMARAJ UNIVERSITY	72	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - INDUSTRIAL CHEMISTRY	1998	OTHERS - ALAGAPPA UNIVERSITY	ALAGAPPA UNIVERSITY	72	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	1989	OTHERS - BHUPAL NOBLE COLLEGE	OTHERS - UNIVERSITY OF RAJASTHAN	65	SECOND CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	05-12-2018	20-05-2023	4	5	16
Total				4	5	18

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**


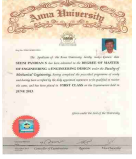
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	INDUSTRIAL ENGINEERING
Name of the Degree & Course	B.E.-INDUSTRIAL ENGINEERING AND MANAGEMENT
Name of the faculty member	MR. SEENI PANDIAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10/82, PERUMPANAIYOOR ST,
Line 2	KURUMBALAPERI PIN - 627806
District	TENKASI
Telephone number	-
Mobile number	+91 - 8056828156
Email	SEENIPANDIANSPS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DJPPS9038P
Passport Number	
Aadhar Number	932012301082
Faculty code given by C.O.E.	9524182
Faculty code given by A.I.C.T.E.	17514506581
Date of Birth	13-05-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2011	EINSTEIN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2013	EINSTEIN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.9 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-11-2021	20-05-2023	1	6	20
Total				1	6	23

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
2		2	200	

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MR. RAMESH R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	42/1, THOLLAVIALI, KONAM POST
Line 2	PIN - 629004
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9442479456
Email	RAMESHNISHA1972@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXPPR6513B
Passport Number	
Aadhar Number	365420052345
Faculty code given by C.O.E.	9524235
Faculty code given by A.I.C.T.E.	17515972688
Date of Birth	18-06-1972
Age	51
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2008	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEERING	2011	MOHAMED SATHAK ENGINEERING COLLEGE	ANNA UNIVERSITY	8.114 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
 Score :
 File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-06-2008	15-06-2018	9	11	30
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	14-07-2022	20-05-2023	0	10	7
Total				10	10	12

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------------	---	--	--	---

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MS. JENCY PARIMALA D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/2D/3D4, RAJA NAGAR THIRD ST
Line 2	MELAPALAYAM
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9487648622
Email	JENCYPARIMALA89@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BDMPJ3033L
Passport Number	
Aadhar Number	419576840430
Faculty code given by C.O.E.	9524074
Faculty code given by A.I.C.T.E.	12491692660
Date of Birth	21-04-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	2007	OTHERS - NAZARETH MARGOSCHIS COLLEGE	MANOMANIAM SUNDARAR UNIVERSITY	75	FIRST CLASS	
P.G.	OTHERS - MPHIL	OTHERS - MATHEMATICS	2012	OTHERS - ADITHANAR COLLEGE	MANOMANIAM SUNDARAR UNIVERSITY	68	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2009	OTHERS - NAZARETH MARGOSCHIS COLLEGE	MANOMANIAM SUNDARAR UNIVERSITY	72	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
SCAD INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	25-07-2011	31-05-2014	2	10	7
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	09-07-2014	20-05-2023	8	10	12
Total				11	8	24

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 250	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	INDUSTRIAL ENGINEERING
Name of the Degree & Course	B.E.-INDUSTRIAL ENGINEERING AND MANAGEMENT
Name of the faculty member	DR. THIRUPPATHI KUTTALINGAM K G
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5 RAJU STREET, GANDHI BAZZAR,
Line 2	PULIANGUDI, PIN - 627855
District	TENKASI
Telephone number	-
Mobile number	+91 - 8248099871
Email	THIRUPPATHIKUTTALINGAM@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXVPT8446M
Passport Number	
Aadhar Number	498537273360
Faculty code given by C.O.E.	9524203
Faculty code given by A.I.C.T.E.	17522919856
Date of Birth	02-05-1973
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	1995	PSNA COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	MADURAI KAMARAJ UNIVERSITY	59.35	SECOND CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2013	SARDAR RAJA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.84 CGPA	FIRST CLASS	
PH.D.	PH.D.	MANUFACTURING ENGINEERING	2019	SRI SIVASUBRAMANIYA NADAR COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis	INVESTIGATION ON PATH MODIFICATION STRATEGY AND MULTI PASS CUTTING IN WIRE ELECTRICAL DISCHARGE MACHINING
III. Faculty in which Ph.D. was awarded	FACULTY OF MECHANICAL ENGINEERING
IV. Academic Experience : (Start from the Current working Experience) *	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	04-01-2023	20-05-2023	0	4	17
MAHAKAVI BHARATHIYAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-07-2014	02-07-2018	4	0	1
Total				4	4	20


V. Industrial Experience :	
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Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


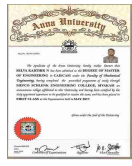
VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.E.-MECHATRONICS ENGINEERING
Name of the faculty member	MR. SELVA KARTHIK N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	27 RAMALINGA NAGAR, NEAR TIRUMAL NAGAR
Line 2	PERUMALPURAM POST, PIN - 627007
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 7598571762
Email	SELVAKARTHIK.1993@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	FOOPS8323R
Passport Number	
Aadhar Number	618046470884
Faculty code given by C.O.E.	9524231
Faculty code given by A.I.C.T.E.	17670894551
Date of Birth	04-10-1993
Age	30
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2015	JEPPIAAR ENGINEERING COLLEGE	ANNA UNIVERSITY	77.1	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2017	MEPCO SCHLENK ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	84.7	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	27-06-2022	20-05-2023	0	10	24
Total				0	10	29

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

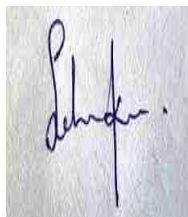
VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A handwritten signature in dark ink, appearing to be 'S. K. Singh', written on a light-colored, textured background.

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MR. MICHAEL SHABI NATHAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/158 THARAVILAI, PALAVILAI POST
Line 2	NAGERCOIL - 629004
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9042144094
Email	MSN.S009@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CLKPM6382C
Passport Number	
Aadhar Number	984941908461
Faculty code given by C.O.E.	9524202
Faculty code given by A.I.C.T.E.	19320004626
Date of Birth	26-07-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	INSTRUMENTATION AND CONTROL ENGINEERING	2009	UDAYA SCHOOL OF ENGINEERING	ANNA UNIVERSITY	59	SECOND CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2014	UNIVERSITY COLLEGE OF ENGINEERING NAGERCOIL	ANNA UNIVERSITY	75	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	06-06-2022	20-05-2023	0	11	15
Total				0	11	20

V. Industrial Experience :

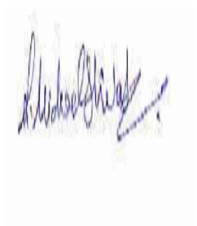
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year





AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. ASHOK KUMAR T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	VATTAVILAI, KUTHAKUZHI
Line 2	VEEYANNOOR POST, PINCODE - 629177
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9787595914
Email	ASHOKAN5959@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BGGPA8547R
Passport Number	
Aadhar Number	456474931833
Faculty code given by C.O.E.	9524216
Faculty code given by A.I.C.T.E.	17666583193
Date of Birth	29-05-1981
Age	42
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - PHYSICS	2002	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARAN UNIVERSITY	67	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2007	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARAN UNIVERSITY	64	SECOND CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - PHYSICS	2012	OTHERS - BHARATHIDASAN UNIVERSITY	BHARATHIDASAN UNIVERSITY	71	FIRST CLASS	
PH.D.	PH.D.	OTHERS - PHYSICS	2019	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARAN UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

A STUDY ON NUCLEAR STRUCTURES OF TRANSITIONAL NUCLEI AROUND A 100

III. Faculty in which Ph.D. was awarded

FACULTY OF SCIENCE AND HUMANITIES

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	09-05-2022	20-05-2023	1	0	12
Total				1	0	12

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. GEORGINNA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/216 C RAJIV GANDHI NAGAR, PARVATHIPURAM, NAGERCOIL
Line 2	629003
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9994251484
Email	RGEORGINNA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DMCPG9480B
Passport Number	
Aadhar Number	995997892802
Faculty code given by C.O.E.	9524178
Faculty code given by A.I.C.T.E.	111095273651
Date of Birth	31-07-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	2007	OTHERS - MANONMANIAM SUNDARANAR UNIVERSITY	MANOMANIAM SUNDARANAR UNIVERSITY	77	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2009	OTHERS - SARAH TUCKER COLLEGE PALAYAM KOTTAI	OTHERS - MANONMANIAM SUNDARANAR UNIVERSITY	77	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - MATHEMATICS	2010	OTHERS - KARUNYA INSTITUTE OF TECHNOLOGY AND SCIENCES	OTHERS - KARUNYA UNIVERSITY	8.2 CGPA	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	09-07-2018	01-04-2023	4	8	24
Total				4	8	28


V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year

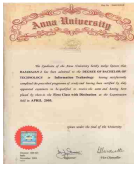
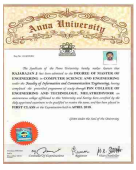
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. RAJARAJAN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1, PARK TOWN, ALEMPATTY
Line 2	THIRUMANGALAM, PIN - 625702
District	MADURAI
Telephone number	-
Mobile number	+91 - 9942945540
Email	RAJAJR26@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AIKPR8831J
Passport Number	
Aadhar Number	209798972498
Faculty code given by C.O.E.	9524006
Faculty code given by A.I.C.T.E.	1469808844
Date of Birth	26-03-1984
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2005	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	79	DISTINCTION	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2018	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.986 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

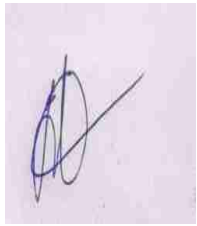
File :


II. Title of Ph.D. Thesis

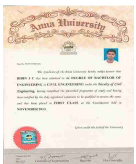
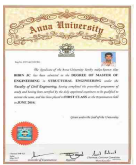
III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	08-10-2009	06-07-2016	6	8	30
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	06-07-2018	20-05-2023	4	10	15
PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	OTHERS - LECTURER	06-06-2005	07-10-2009	4	4	2
Total				15	11	23

V. Industrial Experience :							
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year							
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)		Re-Evaluation (No. of scripts Evaluated)		
It is certified that all the information provided are true to the best of my knowledge.							
Signature of the Faculty :							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. BIBIN JC
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	60 AROMA NAGAR
Line 2	JOTHIPURAM - 627007
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9578836411
Email	J.C.BIBIN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DQMPB8517C
Passport Number	
Aadhar Number	590468468678
Faculty code given by C.O.E.	9620106
Faculty code given by A.I.C.T.E.	14529262304
Date of Birth	19-10-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2013	SATYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	69	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	PSN ENGINEERING COLLEGE	ANNA UNIVERSITY	72	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	28-11-2018	20-05-2023	4	5	23
SATYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - LECTURER	04-09-2013	30-08-2014	0	11	26
Total				5	5	22

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

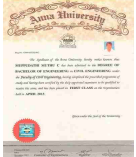

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 100	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MR. MUPPUDATHIMUTHU C
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/99 MID ST CHOKKANATHAPATTI
Line 2	ALANGULAM-627423
District	TIRUNELVELI
Telephone number	04634 -
Mobile number	+91 - 9791901468
Email	MUTHUMECIVIL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BVJPM1962J
Passport Number	
Aadhar Number	324474756089
Faculty code given by C.O.E.	9524111
Faculty code given by A.I.C.T.E.	13357673859
Date of Birth	21-02-1990
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2013	SCAD ENGINEERING COLLEGE	ANNA UNIVERSITY	79	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	SARDAR RAJA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	74.5	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	27-06-2016	20-05-2023	6	10	24
Total				6	10	29

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year


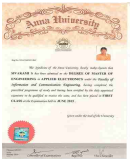
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.E.-MECHATRONICS ENGINEERING
Name of the faculty member	MRS. SIVAKAMI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	77/9 SOUTH RICE MILL ST,
Line 2	RADHAPURAM - 627111
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9585588950
Email	SIVAKAMIVENKAT@GMAIL.COM
Gender	FEMALE
Community	OTHERS - DNC
PAN Number	FRLPS3850R
Passport Number	
Aadhar Number	784037612256
Faculty code given by C.O.E.	9524151
Faculty code given by A.I.C.T.E.	13569208188
Date of Birth	02-06-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2009	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2015	V V COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.48 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	02-08-2017	20-05-2023	5	9	19
Total				5	9	23

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in black ink, appearing to be 'A. J.', is written over a light blue grid background.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. SINGSLY JINO S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	3-3-38, VILATHIKALA VILAI, RC STREET,
Line 2	PAICADU, KALKULAM, CHERUPALLUR POST, PINCODE - 629161
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9751665957
Email	SINGSLYJINO@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GFWPS5434B
Passport Number	
Aadhar Number	951704102060
Faculty code given by C.O.E.	9524224
Faculty code given by A.I.C.T.E.	17666583159
Date of Birth	07-10-1985
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	ENGLISH	2007	OTHERS - SCOTT CHRISTIAN COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	48	OTHERS - THIRD CLASS	
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2010	OTHERS - MUSLIM ARTS COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	60.59	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - ENGLISH	2012	OTHERS - MUSLIM ARTS COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	64	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	05-12-2018	30-03-2023	4	3	26
Total				4	3	27

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. RAMALAKSHMI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9/78 AGNIMADAN KOVIL STREET
Line 2	KURUVANKOTTAI-627852
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9500247220
Email	RAMALAKSHMIMSC88@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DWLPR5451Q
Passport Number	
Aadhar Number	888876311039
Faculty code given by C.O.E.	9524226
Faculty code given by A.I.C.T.E.	14526335472
Date of Birth	25-05-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHS	2009	OTHERS - CSIJAP ARTS CLG NALLUR	MANOMANIAM SUNDARNAR UNIVERSITY	71	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHS	2012	OTHERS - STC ARTS CLG TIRUNELVELI	MANOMANIAM SUNDARNAR UNIVERSITY	78	DISTINCTION	
P.G.	OTHERS - M.PHIL	OTHERS - MATHS	2014	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARNAR UNIVERSITY	74	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	25-06-2018	20-05-2023	4	10	26
EINSTEIN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	23-07-2014	30-04-2015	0	9	9
Total				5	8	9

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Examination during the last year**

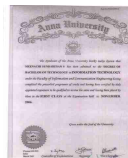
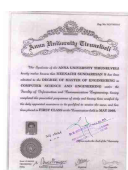
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. MEENACHI SUNDARESAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	25 MURUGAPERUMAL ST, SOUTH BAZAAR
Line 2	TIRUNELVELI-627002
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9994124350
Email	MEENCLI@YAHOO.COM
Gender	MALE
Community	OC
PAN Number	BNLPM0396J
Passport Number	
Aadhar Number	701263109143
Faculty code given by C.O.E.	9524233
Faculty code given by A.I.C.T.E.	1425300731
Date of Birth	25-06-1984
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	INFORMATION TECHNOLOGY	2006	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2009	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	74	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-02-2010	20-05-2023	13	3	20
Total				13	3	21

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. PADMANATHAN T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	NO 3/182 SOUTH STREET, PERUMALKULAM
Line 2	ASIRVATHAPURAM POST, PINCODE - 628613
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9841614381
Email	PADMANATHAN2008@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CAGPP0465A
Passport Number	
Aadhar Number	979574883914
Faculty code given by C.O.E.	9524164
Faculty code given by A.I.C.T.E.	14542900834
Date of Birth	11-05-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2008	JAYARAJ ANNAPAC KIAM CSI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2015	TJ INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	7.64 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	23-01-2019	20-05-2023	4	3	29
Total				4	3	0

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year





AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		1	100	

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	DR. DEIVANAYAGAM P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/101 VARAGAPURAM ST,
Line 2	VARAGAPURAM, PIN - 627425
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9597496893
Email	DEIVAM1101@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	CFSPD0529L
Passport Number	
Aadhar Number	495896023227
Faculty code given by C.O.E.	9524213
Faculty code given by A.I.C.T.E.	143366828679
Date of Birth	23-02-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2006	OTHERS - SRI PARAMA KALYANI COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	88.6	DISTINCT ION	
P.G.	OTHERS - M.PHIL.	OTHERS - CHEMISTRY	2014	OTHERS - PERIYAR UNIVERSITY	PERIYAR UNIVERSITY	70	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2008	OTHERS - SRI KALISWARI COLLEGE	MADURAI KAMARAJ UNIVERSITY	61	FIRST CLASS	
PH.D.	PH.D.	OTHERS - CHEMISTRY	2020	OTHERS - MANONMANIAM SUNDARAN UNIVERSITY	MANOMANIAM SUNDARAN UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis


CORROSION RESISTANT BEHAVIOR OF HERBAL PLANTS IN VARIOUS METALS A JEEN CHANGING APPROACH

III. Faculty in which Ph.D. was awarded

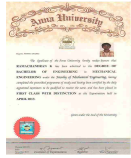
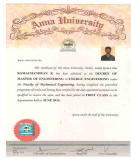
FACULTY OF SCIENCE AND HUMANITIES

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	17-03-2023	20-05-2023	0	2	4
Total				0	2	5

V. Industrial Experience :							
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year							
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)			
It is certified that all the information provided are true to the best of my knowledge.							
<div style="display: flex; align-items: center;"> <div style="flex: 1;"> Signature of the Faculty : </div> <div style="flex: 1; text-align: center;">  </div> </div>							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.E.-MECHATRONICS ENGINEERING
Name of the faculty member	MR. RAMACHANDRAN K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	21/9, SOURASTRA EAST STREET PUDUKUDI
Line 2	KARUKURICHI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9486231892
Email	RAMACHANDRA435@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BIWPR6052G
Passport Number	
Aadhar Number	898174188766
Faculty code given by C.O.E.	9524158
Faculty code given by A.I.C.T.E.	17498681187
Date of Birth	10-06-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2013	SCAD COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	8.5 CGPA	DISTINCTION	
P.G.	M.E.	ENERGY ENGINEERING	2015	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUNELVELI	ANNA UNIVERSITY	8.2 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	06-03-2019	20-05-2023	4	2	15
Total				4	2	16

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year


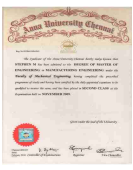
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink, appearing to read 'K. Ramu', is centered within a light blue, cloud-like decorative shape.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. STEPHEN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	KOTTICODE, KUMARAPURAM POST, KANYAKUMARI
Line 2	NAGERCOIL - 629164
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9488082577
Email	MSTEPHENME08@GMAILCOM
Gender	MALE
Community	BC
PAN Number	CJYPS5602R
Passport Number	
Aadhar Number	673746318619
Faculty code given by C.O.E.	9623112
Faculty code given by A.I.C.T.E.	14641718115
Date of Birth	25-05-1966
Age	57
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2005	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	MANOMANIAM SUNDARAR UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2008	C S I INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	73	SECOND CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
OTHERS - SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	21-06-2009	02-05-2018	8	10	12
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	18-07-2018	20-05-2023	4	10	3
Total				13	8	20

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

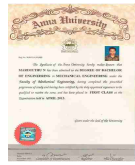
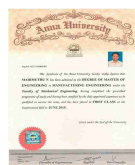
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MR. MARIMUTHU N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/107A MARIAMMAN KOVIL ST
Line 2	CHOKKANATHAPATTI
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9789467025
Email	NMARIMUTHUBE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BVJPM1988G
Passport Number	
Aadhar Number	912277800459
Faculty code given by C.O.E.	9524094
Faculty code given by A.I.C.T.E.	12916654490
Date of Birth	06-04-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2013	SARDAR RAJA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	8.02 CGPA	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2015	SARDAR RAJA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.8 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	26-06-2015	20-05-2023	7	10	25
Total				7	10	0

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year




AUR (No. of days) 1	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 100	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A handwritten signature in black ink, appearing to be 'P. K. Singh', is written over a light blue grid background.

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. SHEELA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/67-1, MUHILANVILAI,
Line 2	MONIKETTI POTAI POST, PIN - 629501
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9655244086
Email	SVSHEELA13@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	NWGPS5250H
Passport Number	
Aadhar Number	593616955594
Faculty code given by C.O.E.	9524223
Faculty code given by A.I.C.T.E.	11441403663
Date of Birth	13-10-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	2007	OTHERS - SCOTT CHRISTIAN COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	76	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMATICS	2009	OTHERS - SCOTT CHRISTIAN COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	74	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - MATHEMATICS	2010	OTHERS - SCOTT CHRISTIAN COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	79	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-02-2023	20-05-2023	0	3	20
Total				0	3	21

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. PACKIYA LAKSHMI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/133, AMMAN KOIL ST,
Line 2	PAVOORCHATRAM, PIN - 627808
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8807044142
Email	PACKIYA2695@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	HRIPK9019R
Passport Number	
Aadhar Number	370676904583
Faculty code given by C.O.E.	9524222
Faculty code given by A.I.C.T.E.	14526145494
Date of Birth	02-06-1995
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHEMATICS	2015	OTHERS - CSI JEYARAJ ANNAPACKIAM COLLEGE NALLUR	MANOMANIAM SUNDARAN UNIVERSITY	86.7	DISTINCT ION	
P.G.	M.SC.	OTHERS - MATHEMATICS	2017	OTHERS - BHARATH IDASAN UNIVERSITY	BHARATH IDASAN UNIVERSITY	92.4	DISTINCT ION	
P.G.	OTHERS - M.PHIL.	OTHERS - MATHEMATICS	2018	OTHERS - MS UNIVERSITY	MANOMANIAM SUNDARAN UNIVERSITY	90	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	04-07-2018	20-05-2023	4	10	17
Total				4	10	22

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------------	---	--	--	---

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MS. REJILA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	70/67, POOVANKUDIERUPPU
Line 2	PAZHAVILLAI-629501
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 8754916424
Email	REJILACHE@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CCCPR6988J
Passport Number	
Aadhar Number	707127277118
Faculty code given by C.O.E.	9524228
Faculty code given by A.I.C.T.E.	12186496698
Date of Birth	27-05-1990
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2010	OTHERS - WOMENS CHRISTIAN COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	85	FIRST CLASS	
P.G.	OTHERS - MPHIL	OTHERS - CHEMISTRY	2014	OTHERS - ST HINDU COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	59	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2013	OTHERS - SCOTT CHRISTIAN COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	70	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-06-2013	20-05-2023	9	11	20
Total				9	11	25

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

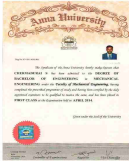
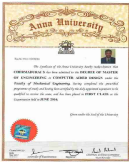
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MR. CHERMADURAI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/142, EAST STREET, KARUTHALINGAPURAM
Line 2	VENKADAMPATTI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9597654338
Email	CHERMADURAI07@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BERPC3525C
Passport Number	
Aadhar Number	694738865574
Faculty code given by C.O.E.	9501132
Faculty code given by A.I.C.T.E.	17468106337
Date of Birth	10-06-1990
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2014	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	7.09	FIRST CLASS	
P.G.	M.E.	COMPUTER AIDED DESIGN	2016	A R COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.7	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	14-07-2022	20-05-2023	0	10	7
J P COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	07-01-2020	25-05-2022	2	4	19
A R COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	04-07-2016	06-01-2020	3	6	3
Total				6	8	4

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------------	---	--	--	---

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. MAGESH KUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1152, PERIYAKAIYAGAM VILLAGE, THERERUVELLI POST
Line 2	MUDUKULATHUR-623711
District	RAMANATHAPURAM
Telephone number	-
Mobile number	+91 - 9500964027
Email	SAKTHIKUMARAN086@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	CJNPM9051R
Passport Number	
Aadhar Number	206740129711
Faculty code given by C.O.E.	9516196
Faculty code given by A.I.C.T.E.	13609365951
Date of Birth	06-04-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.TECH.	OTHERS - ECE	2012	OTHERS - SRM UNIVERSITY	OTHERS - SRM UNIVERSITY	61	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2015	ASAN MEMORIAL COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	71	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
MAHAKAVI BHARATHIYAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	13-12-2017	09-01-2020	2	0	28
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	11-01-2023	20-05-2023	0	4	10
Total				2	5	10

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------------	---	--	--	---

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. JENIBHA M D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7-7B, KATUVETTI , MULAGU MODU PO
Line 2	629167
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8903636877
Email	JENIBHA1991@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BHKPJ0689L
Passport Number	
Aadhar Number	747197119679
Faculty code given by C.O.E.	9524218
Faculty code given by A.I.C.T.E.	13569208476
Date of Birth	31-05-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHS	2011	OTHERS - MSU COLLEGE OF ARTS AND SCIENCE	MANOMANIAM SUNDARAN UNIVERSITY	70	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHS	2014	OTHERS - STC COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	82.62	DISTINCT ION	
P.G.	OTHERS - M.PHIL	OTHERS - MATHS	2016	OTHERS - N M CHRISTIAN COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	74	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-11-2017	20-05-2023	5	6	20
Total				5	6	23

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MR. RAJESH E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	297, DVD COLONY, KOTTAR
Line 2	NAGERCOIL, PIN - 629002
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9487647096
Email	SWWROCK@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CBRPR0119M
Passport Number	
Aadhar Number	760303288016
Faculty code given by C.O.E.	9633034
Faculty code given by A.I.C.T.E.	14642262146
Date of Birth	26-07-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2011	ANNA UNIVERSITY REGIONAL CAMPUS, TIRUNELVELI	ANNA UNIVERSITY	76	DISTINCTION	
P.G.	M.E.	CAD/CAM	2013	UDAYA SCHOOL OF ENGINEERING	ANNA UNIVERSITY	7.6 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
 Score :
 File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-03-2023	30-03-2023	0	0	30
Total				0	0	0

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in black ink, appearing to be 'B. R. Singh', is centered within a rectangular box.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. ASHA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/56 MIDDLE STREET
Line 2	SOUTH ILANTHAIKULAM POST, KAMMAPATTI
District	THOOTHUKUDI
Telephone number	04634 - 279086
Mobile number	+91 - 8838250200
Email	ASHA86750@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DOYPA7323K
Passport Number	
Aadhar Number	459535845486
Faculty code given by C.O.E.	9524169
Faculty code given by A.I.C.T.E.	17498340365
Date of Birth	02-06-1996
Age	27
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2017	INFANT JESUS COLLEGE OF ENGINEERING	ANNA UNIVERSITY	64	SECOND CLASS	
P.G.	M.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2019	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	85.5	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
 Score :
 File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	16-12-2019	20-05-2023	3	5	5
Total				3	5	7

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. POOPATHI J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	47/B3, SCHOOL ST,MELASOORANKUDI
Line 2	NAGERCOIL
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9865454582
Email	JPOOPATHI88@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CJKPP5509E
Passport Number	
Aadhar Number	729009647552
Faculty code given by C.O.E.	9524095
Faculty code given by A.I.C.T.E.	12916740279
Date of Birth	15-07-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2009	OTHERS - NI COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	75	DISTINCT ION	
P.G.	M.E.	ENERGY ENGINEE RING	2013	ST XAVIER'S CATHOLI C COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	8.2	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
 Score :
 File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	17-06-2015	20-05-2023	7	11	4
Total				7	11	9

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**


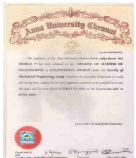

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 250	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	DR. MOHAN P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17/10, KEEZHA PALKINATHAN VILAI
Line 2	POZHIKKARAI POST, PINCODE - 629501
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 9486451833
Email	MOHANME08@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BGNPM0318K
Passport Number	
Aadhar Number	828834306432
Faculty code given by C.O.E.	9524066
Faculty code given by A.I.C.T.E.	12491665123
Date of Birth	20-05-1973
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2004	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	MANOMANIAM SUNDARAM UNIVERSITY	67	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2008	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	78	FIRST CLASS	
PH.D.	PH.D.	MECHANICAL ENGINEERING	2019	CAPE INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

FRACTURE STUDIES OF NANO MATERIAL REINFORCED ALUMINIUM METAL MATRIX COMPOSITE

III. Faculty in which Ph.D. was awarded

FACULTY OF MECHANICAL ENGINEERING

**IV. Academic Experience :
(Start from the Current working Experience) ***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
ANNAI VAILANKANNI COLLEGE OF ENGINEERING	OTHERS - LECTURER	26-05-2008	22-06-2010	2	0	28
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSOCIATE PROFESSOR	21-06-2014	20-05-2023	8	10	30
OTHERS - S A RAJA POLYTECHNIC COLLEGE	OTHERS - LECTURER	06-07-2005	03-06-2006	0	10	29
OTHERS - SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	05-07-2010	20-06-2014	3	11	16
JAYAMATHA ENGINEERING COLLEGE	OTHERS - LECTURER	03-01-2005	04-07-2005	0	6	2
Total				16	4	18

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
LAKSHMANA FISH NET	SUPERVISOR	SUPERVISING	01-11-1994	29-07-1997	2	8	29
Total					2	8	2

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year

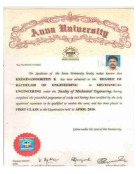

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	INDUSTRIAL ENGINEERING
Name of the Degree & Course	B.E.-INDUSTRIAL ENGINEERING AND MANAGEMENT
Name of the faculty member	MR. KRISHNAMOORTHY K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	33 NGO COLONY, 6TH STREET EXTENSION -1
Line 2	MELAGARAM, TENKASI, PINCODE - 627818
District	TENKASI
Telephone number	-
Mobile number	+91 - 9500549740
Email	12188@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	DCPPK1801K
Passport Number	
Aadhar Number	604182403335
Faculty code given by C.O.E.	9512195
Faculty code given by A.I.C.T.E.	17468106013
Date of Birth	12-01-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2010	SARDAR RAJA COLLEGE OF ENGINEERING	ANNA UNIVERSITY	68	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2013	INFANT JESUS COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.42 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	14-02-2022	20-05-2023	1	3	7
FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	07-01-2013	30-04-2018	5	3	25
SCAD ENGINEERING COLLEGE	OTHERS - LECTURER	04-06-2010	05-06-2011	1	0	2
J P COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-01-2020	23-06-2021	1	5	22
Total				9	0	26


V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days) 5	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. BERLIN JOHN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	203 NGO NEW COLONY, NEAR IYYAPPA NAGAR
Line 2	TIRUNELVELI, PINCODE - 627007
District	TIRUNELVELI
Telephone number	0462 - 2552054
Mobile number	+91 - 8870822357
Email	BERLIN.JOHN.J@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CIFPB1179N
Passport Number	
Aadhar Number	931237429292
Faculty code given by C.O.E.	9524003
Faculty code given by A.I.C.T.E.	1756415852
Date of Birth	23-07-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2008	NELLAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	65	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2011	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.4CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-06-2011	20-05-2023	11	11	20
Total				11	11	25

V. Industrial Experience :


Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


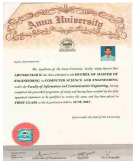
VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 3	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)
----------------------------------	---	--	--	---

It is certified that all the information provided are true to the best of my knowledge.

**Signature of the Faculty :**

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. ARUNKUMAR K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	39A THOLLAVILAI, KONAM POST,
Line 2	NAGERCOIL 629004
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 9094533580
Email	ARUN07KUMAR07@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CATPA4040H
Passport Number	
Aadhar Number	907228980764
Faculty code given by C.O.E.	9524083
Faculty code given by A.I.C.T.E.	12916417950
Date of Birth	03-06-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2011	LORD JEGANNAATH COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2015	UNIVERSITY COLLEGE OF ENGINEERING NAGERCOIL	ANNA UNIVERSITY	7.04	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	07-07-2015	20-05-2023	7	10	14
Total				7	10	19

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**


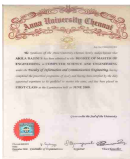

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :




Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. AKILA RAJINI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	88A SOUTH BAZAR
Line 2	PALAYAMKOTTAI - 627002
District	TIRUNELVELI
Telephone number	0462 - 2576412
Mobile number	+91 - 9489866412
Email	AKILA.CSE.PSNCET@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AOSPA5765Q
Passport Number	
Aadhar Number	989849545039
Faculty code given by C.O.E.	9524232
Faculty code given by A.I.C.T.E.	14426757394
Date of Birth	10-12-1973
Age	50
I. Particulars of Educational Qualification : (only completed)	


Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - COMPUTER SCIENCE	1995	OTHERS - MANONMANIAM SUNDARANAR UNIVERSITY	MANOMANIAM SUNDARANAR UNIVERSITY	76	FIRST CLASS	
P.G.	M.E.	COMPUTER SCIENCE AND ENGINEERING	2008	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	81	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTER APPLICATIONS	1998	OTHERS - MANONMANIAM SUNDARANAR UNIVERSITY	MANOMANIAM SUNDARANAR UNIVERSITY	67	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score : File :								
II. Title of Ph.D. Thesis								
III. Faculty in which Ph.D. was awarded								
IV. Academic Experience : (Start from the Current working Experience) *								


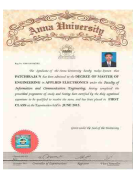
Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	04-07-2016	20-05-2023	6	10	17
PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	03-06-2013	03-07-2016	3	1	1
NELLAI COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-01-2010	31-05-2013	3	4	29
PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	02-03-2006	10-10-2009	3	7	9
Total				16	11	2

V. Industrial Experience :							
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Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Examination during the last year							
AUR (No. of days) 6	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 250	Re-Evaluation (No. of scripts Evaluated)			

It is certified that all the information provided are true to the best of my knowledge.							
<div style="text-align: center;">  </div> Signature of the Faculty :							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. PATCHIRAJA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	51 A / 14A 3RD STREET, MASILAMANI NAGAR, PALAYAMKOTTAI
Line 2	TIRUNELVELI - 627005
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9688421458
Email	RAJA.PATCHI@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BKDPP9627G
Passport Number	
Aadhar Number	957635336268
Faculty code given by C.O.E.	9524030
Faculty code given by A.I.C.T.E.	12186552542
Date of Birth	10-12-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2009	NELLAI COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2013	DHAANISH AHMED COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.34 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	17-01-2013	20-05-2023	10	4	4
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	OTHERS - LECTURER	15-08-2010	28-08-2011	1	0	14
Total				11	4	20

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 250	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.E.-GENERAL ENGINEERING
Name of the faculty member	MS. BELSI X
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	65/14 K.P.K STREET,
Line 2	KAYATHAR - 628952
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 7449016312
Email	JESUSBELSI333@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	EKYPB2175M
Passport Number	
Aadhar Number	677087348919
Faculty code given by C.O.E.	9524147
Faculty code given by A.I.C.T.E.	17499713575
Date of Birth	03-07-1995
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2015	ARUL THARUM VPMM COLLEGE OF ENGINEERING AND TECHNOLOGY (FORMERLY V P MUTHAIAH PILLAI MEENAKSHI AMMAL ENGINEERING COLLEGE FOR WOMEN)	ANNA UNIVERSITY	6.75 CGPA	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2018	PSN ENGINEERING COLLEGE	ANNA UNIVERSITY	8.6 CGPA	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

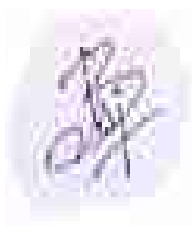
II. Title of Ph.D. Thesis


III. Faculty in which Ph.D. was awarded

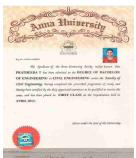
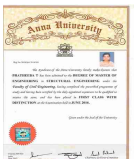
IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	25-02-2019	20-05-2023	4	2	24
Total				4	2	25

V. Industrial Experience :							
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year							
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)		Re-Evaluation (No. of scripts Evaluated)		
It is certified that all the information provided are true to the best of my knowledge.							
<div style="text-align: center;">  </div>							
Signature of the Faculty :							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. ISWARYA I
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/37 VARUKKATHATTU
Line 2	KALPADI629204
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 7094759668
Email	ISWARYAI1993@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	HNRPS3704L
Passport Number	
Aadhar Number	281724992251
Faculty code given by C.O.E.	9524173
Faculty code given by A.I.C.T.E.	13357673852
Date of Birth	30-05-1993
Age	30
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2014	ARUNACHALA COLLEGE OF ENGINEERING FOR WOMEN	ANNA UNIVERSITY	78.9	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	PONJESLY COLLEGE OF ENGINEERING	ANNA UNIVERSITY	83.7	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	22-06-2016	20-05-2023	6	10	29
Total				6	10	4

V. Industrial Experience :

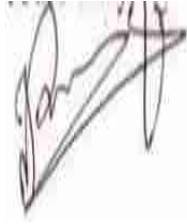
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. JEROME SINGH S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/7B, KADUVETTINEAR WATER TANK, MULAGUMOODU POST
Line 2	KANYAKUMARI-629167
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 9942163981
Email	JEROMESINGHS@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BDMPJ7939P
Passport Number	
Aadhar Number	623527607961
Faculty code given by C.O.E.	9524081
Faculty code given by A.I.C.T.E.	12491692422
Date of Birth	07-06-1990
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2011	RAJAS ENGINEERING COLLEGE	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2014	CAPE INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	7.90 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	02-01-2015	20-05-2023	8	4	19
Total				8	4	21

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		3	250	

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	INDUSTRIAL ENGINEERING
Name of the Degree & Course	B.E.-INDUSTRIAL ENGINEERING AND MANAGEMENT
Name of the faculty member	MR. GREESH KUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	10/261, SATHYA NAGAR, PAVOOR CHATHIRAM,
Line 2	TENKASI-627808
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9597303737
Email	GREESH.KMR@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BPDPG8857G
Passport Number	
Aadhar Number	585558299938
Faculty code given by C.O.E.	9524063
Faculty code given by A.I.C.T.E.	12186438512
Date of Birth	08-04-1983
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2011	SRI COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	63	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2013	SRI COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	6.65 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	30-01-2014	20-05-2023	9	3	22
Total				9	3	23

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**


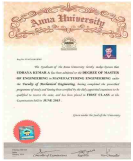
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 250	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MR. UDHAYAKUMAR A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9/31, EAST ST,KELAYAPILLAIYUR
Line 2	TIRUNELVELI
District	TIRUNELVELI
Telephone number	04634 - 241701
Mobile number	+91 - 9788863207
Email	UDHAYAMECH317@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AFGPU0866B
Passport Number	
Aadhar Number	686843689327
Faculty code given by C.O.E.	9524199
Faculty code given by A.I.C.T.E.	12916740566
Date of Birth	13-07-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2013	EINSTEIN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	6.85 CGPA	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2015	MAHAKAVI BHARATHIYAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.2 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
 Score :
 File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	29-07-2015	20-05-2023	7	9	23
Total				7	9	27

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days) 6	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 1	Central Evaluation (No. of scripts Evaluated) 100	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. ABISHA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	105E, RAJAKAMANGALAM ROAD,
Line 2	REETA STREET, NAGERCOIL
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8300130101
Email	S.ABISHASTEPHEN@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ASLPA4883A
Passport Number	
Aadhar Number	966584717808
Faculty code given by C.O.E.	9524208
Faculty code given by A.I.C.T.E.	143373434339
Date of Birth	04-07-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2012	ST XAVIER'S CATHOLIC COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.3	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2014	ST XAVIER'S CATHOLIC COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.01	FIRST CLASS	
PH.D.	PH.D.	ELECTRONICS AND COMMUNICATION ENGINEERING	2021	ST XAVIER'S CATHOLIC COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	90		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

THE APPLICATION OF IMAGE PROCESSING AND MACHINE LEARNING TECHNIQUES FOR DETECTION OF DISEASES IN BRINJAL PLANT

III. Faculty in which Ph.D. was awarded

FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
ROHINI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSOCIATE PROFESSOR	23-02-2022	13-06-2022	0	3	19
RAJAS ENGINEERING COLLEGE	ASSISTANT PROFESSOR	19-06-2014	30-06-2020	6	0	12
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSOCIATE PROFESSOR	10-12-2022	20-05-2023	0	5	11
ROHINI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	07-06-2021	22-02-2022	0	8	16
Total				7	5	1

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Exmination during the last year

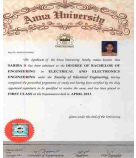

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MS. SARIBA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/104 SWAMY VILAI
Line 2	NAGERCOIL 629004
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 9488831281
Email	SARIBAMINI@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FAKPS8400M
Passport Number	
Aadhar Number	749576360353
Faculty code given by C.O.E.	9524204
Faculty code given by A.I.C.T.E.	2916740021
Date of Birth	28-12-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2013	VINS CHRISTIAN WOMEN'S COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.8 CGPA	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRONICS	2015	ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE	ANNA UNIVERSITY	8.3 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	15-07-2015	20-05-2023	7	10	6
Total				7	10	11

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MS. GANESHAMMAL ALIAS GOMATHI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	5/136, EAST STREET, ADAICHANI
Line 2	AMBASAMUTHRAM, 627413
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9791631553
Email	GANESHGOMATHI14@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BSLPG9415P
Passport Number	
Aadhar Number	405760294547
Faculty code given by C.O.E.	9514005
Faculty code given by A.I.C.T.E.	12664573615
Date of Birth	08-04-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2012	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	7.34	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2015	INFANT JESUS COLLEGE OF ENGINEERING AND TECHNOLOGY	ANNA UNIVERSITY	7.82	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
JOE SURESH ENGINEERING COLLEGE	OTHERS - LECTURER	29-06-2012	17-09-2013	1	2	19
SARDAR RAJA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	24-06-2015	14-06-2022	6	11	21
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-02-2023	20-05-2023	0	3	20
Total				8	6	3

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. BALA KARTHIK K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	146G SELVI AMMAN KOVIL ST
Line 2	SANKAR NAGAR - 627357
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9003941541
Email	BALA.KARTHIK05@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	CZZPK0817R
Passport Number	
Aadhar Number	629513840623
Faculty code given by C.O.E.	9524004
Faculty code given by A.I.C.T.E.	11454872066
Date of Birth	30-04-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	OTHERS - B.TECH	OTHERS - INFORMATION TECHNOLOGY	2010	DR SIVANTHI ADITANAR COLLEGE OF ENGINEERING	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER SCIENCE AND INFORMATION TECHNOLOGY	2012	OTHERS - MS UNIVERSITY	OTHERS - MS UNIVERSITY	70	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
 Score :
 File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

**IV. Academic Experience :
 (Start from the Current working Experience) ***

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	24-02-2012	20-05-2023	11	2	26
Total				11	2	27

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :
 Capacity at which service is extended for the conduct of Exmination during the last year

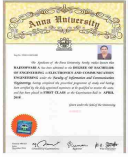

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
5		3	150	

It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink, appearing to be 'M. A. M.', is written over a light blue grid background.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. RAJESHWARI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2.5.56, SCHOOL METTU STREET, KATTALAI KUDIYIRUPPU
Line 2	SHENKOTTAI, PIN - 627813
District	TENKASI
Telephone number	-
Mobile number	+91 - 9677788760
Email	RAJIARJUN271997@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CMJPA2262F
Passport Number	
Aadhar Number	946120724067
Faculty code given by C.O.E.	9524189
Faculty code given by A.I.C.T.E.	143378026193
Date of Birth	02-07-1997
Age	26
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2018	EINSTEIN COLLEGE OF ENGINEERING	ANNA UNIVERSITY	81	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2021	FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	94	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	18-08-2022	20-05-2023	0	9	3
Total				0	9	7

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
TEEZLE TELEMATICS INDIA PRIVATE LIMITED	SOFTWARE ENGINEER	SOFTWARE	17-07-2018	20-08-2019	1	1	4
Total					1	1	4


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



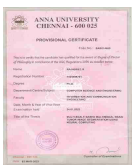
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.E.-ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. RAJASREE R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	74,NADAR STREET
Line 2	MELACHEVAL, PINCODE - 627452
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9442591150
Email	VASANTH.SUKIR@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BTIPR6482H
Passport Number	
Aadhar Number	276851118739
Faculty code given by C.O.E.	9524021
Faculty code given by A.I.C.T.E.	1425300619
Date of Birth	03-04-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2009	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	72	FIRST CLASS	
P.G.	M.E.	COMMUNICATION SYSTEMS	2011	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.9 CGPA	FIRST CLASS	
PH.D.	PH.D.	ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING	2022	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

MULTI SCALE BASED MULTIMODAL BRAIN TUMOR IMAGE SEGMENTATION USING NEURAL COMPUTING

III. Faculty in which Ph.D. was awarded

FACULTY OF INFORMATION AND COMMUNICATION ENGINEERING

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	20-12-2010	20-05-2023	12	5	1
Total				12	5	3

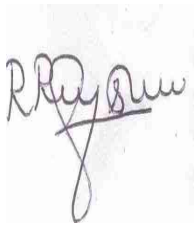
V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :
Capacity at which service is extended for the conduct of Exmination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		2	250	

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. AJITHKUMAR M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7027, BALA GANESH STREET,
Line 2	SIVAGIRI, PIN - 627757
District	TENKASI
Telephone number	-
Mobile number	+91 - 9087270691
Email	MAJITHKUMAR150495@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	DEIPA2155B
Passport Number	
Aadhar Number	679686511040
Faculty code given by C.O.E.	9524195
Faculty code given by A.I.C.T.E.	143374184504
Date of Birth	15-04-1995
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	2020	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.5 CGPA	FIRST CLASS	
P.G.	M.E.	EMBEDDED SYSTEM TECHNOLOGIES	2022	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.2 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
Score :
File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	28-11-2022	20-05-2023	0	5	23
Total				0	5	25

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Examination during the last year**




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. JEYALALITHA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8/101 EAST ST MELAKULAM
Line 2	TIRUNELVELI-627351
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 8903226532
Email	JEYA1222@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AWWPJ9768Q
Passport Number	
Aadhar Number	290564767349
Faculty code given by C.O.E.	9524214
Faculty code given by A.I.C.T.E.	13357745914
Date of Birth	25-06-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2011	OTHERS - SATHAKATHULLA COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	74.20	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - CHEMISTRY	2019	OTHERS - SARAH TUCKER COLLEGE AUTONOMOUS	OTHERS - MANOMANIAM SUNDARAN UNIVERSITY	73.67	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2013	OTHERS - SATHAKATHULLA COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	69	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	16-08-2018	20-05-2023	4	9	5
Total				4	9	9

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
CHEMICAL PLANT	LAB ASST	LAB ASST	01-06-2013	31-08-2015	2	2	30
Total					2	2	0

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. LAKSHMI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	1/124, K.CHATHIRAM,
Line 2	KADALADI
District	RAMANATHAPURAM
Telephone number	-
Mobile number	+91 - 9500860104
Email	LAKSHMI.MUTHURAMALINGAM90@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AWPPL5132M
Passport Number	
Aadhar Number	204435772623
Faculty code given by C.O.E.	9524220
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	30-07-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - CHEMISTRY	2009	OTHERS - VVV COLLEGE	MADURAI KAMARAJ UNIVERSITY	75	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - CHEMISTRY	2013	OTHERS - VHNSN COLLEGE	MADURAI KAMARAJ UNIVERSITY	79.4	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMISTRY	2011	OTHERS - VHNSN COLLEGE	MADURAI KAMARAJ UNIVERSITY	72	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-03-2022	20-05-2023	1	2	20
Total				1	2	21

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



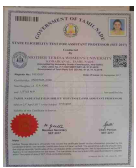
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A handwritten signature in blue ink on a light green background. The signature is stylized and appears to be 'P. M. Singh'.

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MS. ANUPAMA JOSE
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	ANUPAMA BHAVAN, THENKARATHALAVILA,
Line 2	KAKKAVILA, KARODE, KERALA, PIN - 695506
District	OTHERS - THIRUVANANTHAPURAM
Telephone number	-
Mobile number	+91 - 9042791541
Email	ANUPAMAJOSE92@GMAIL.COM
Gender	FEMALE
Community	OC
PAN Number	BWHPA7478Q
Passport Number	
Aadhar Number	900962307796
Faculty code given by C.O.E.	9524225
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	29-09-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.A.	ENGLISH	2013	OTHERS - MALANKARA CATHOLIC COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	70	FIRST CLASS	
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2015	OTHERS - HOLY CROSS COLLEGE	MANOMANIAM SUNDARAN UNIVERSITY	7.26 CGPA	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - ENGLISH	2017	OTHERS - MOTHER TERESA WOMEN'S UNIVERSITY	MOTHER TERESA WOMEN'S UNIVERSITY	Y	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-03-2022	30-03-2023	1	0	30
Total				1	0	0

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. SUNDAR K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	9, VAGAIYADI KULALAR STREET,
Line 2	KOTTAR, NAGERCOIL, AGASTEESWARAM, PIN - 629002
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9791734458
Email	PSNITS.PRINCIPAL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EFJPK3956R
Passport Number	
Aadhar Number	602608640876
Faculty code given by C.O.E.	9524237
Faculty code given by A.I.C.T.E.	14684171358
Date of Birth	19-11-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2012	OTHERS - NOORUL ISLAM COLLEGE OF ENGINEERING	ANNA UNIVERSITY	70	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2014	UDAYA SCHOOL OF ENGINEERING	ANNA UNIVERSITY	7.34 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-03-2022	20-05-2023	1	2	20
Total				1	2	21

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year

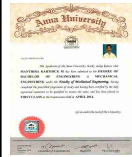

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

A handwritten signature in blue ink, appearing to be 'H. S.', with a horizontal line drawn through the middle of the letters.

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. MANTHIRA KARTHICK M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	71A, VISHVAKARMA NAGAR,
Line 2	NARANAMMALPURAM, SANKAR NAGAR, TIRUNELVELI, PIN - 627357
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9843052054
Email	MANTHIRAKARTHICK92@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CLFPM4087H
Passport Number	
Aadhar Number	615877338483
Faculty code given by C.O.E.	9524239
Faculty code given by A.I.C.T.E.	143373119866
Date of Birth	08-12-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2014	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.4 CGPA	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2016	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.8 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION
 Score :
 File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-03-2022	20-05-2023	1	2	20
Total				1	2	21

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :
 Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
-------------------	----------------------------	---	---	--

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL ENGINEERING
Name of the faculty member	MR. LAKSHMIPATHY J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	23, VANCHI NAGAR, SANKAR NAGAR,
Line 2	TIRUNELVELI, PIN - 627357
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9442516876
Email	LAKSHMIPATHY92J@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ALCPL7009D
Passport Number	
Aadhar Number	477269868004
Faculty code given by C.O.E.	9524236
Faculty code given by A.I.C.T.E.	12638494447
Date of Birth	01-02-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2013	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	76	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2015	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.8 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-03-2022	20-05-2023	1	2	20
Total				1	2	21

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

J. Lakshmi poty

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.E.-MECHATRONICS ENGINEERING
Name of the faculty member	MRS. SANTHANALAKSHMI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	23 KEEL MUGANADAR STREET, KALLIDAIKURICHI
Line 2	TIRUNELVELI, PINCODE - 627416
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9445662415
Email	SANAMEMECH@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	GEDPS0626K
Passport Number	
Aadhar Number	280178485521
Faculty code given by C.O.E.	9524174
Faculty code given by A.I.C.T.E.	19596652514
Date of Birth	02-03-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2013	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.6 CGPA	FIRST CLASS	
P.G.	M.E.	MANUFACTURING ENGINEERING	2015	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSITY	7.9 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	16-02-2021	20-05-2023	2	3	5
Total				2	3	6

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year



AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in black ink, appearing to be 'Ray', is written over a light pink rectangular background.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEERING
Name of the Degree & Course	B.E.-COMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. GOPALAKRISHNAN P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7/109 J THARAVIZHAI
Line 2	PAZHAVIZAI POST
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9785560313
Email	GOPAL.FINE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXBPG0489R
Passport Number	
Aadhar Number	264400342089
Faculty code given by C.O.E.	9620030
Faculty code given by A.I.C.T.E.	14583245563
Date of Birth	03-06-1984
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	COMPUTER SCIENCE AND ENGINEERING	2007	CAPE INSTITUTE OF TECHNOLOGY	ANNA UNIVERSITY	67	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTER AND INFORMATION TECHNOLOGY	2011	OTHERS - MANONMANIAM SUNDARANAR UNIVERSITY	MANOMANIAM SUNDARANAR UNIVERSITY	69	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	02-11-2020	20-05-2023	2	6	19
Total				2	6	22

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :


Capacity at which service is extended for the conduct of Examination during the last year

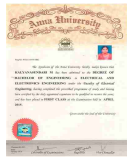

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
		1	100	

It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink on a pink rectangular background. The signature is stylized, starting with a large 'P' and ending with a long horizontal stroke.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. KALYANASUNDARI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	94/1/8A VASANTHA NAGAR 1ST STREET,
Line 2	PUDHUGIRAMAM, KOVILPATTI, PINCODE - 628501
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9159782405
Email	KALYANASUNDARIM94@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DPHPK1518E
Passport Number	
Aadhar Number	664430784468
Faculty code given by C.O.E.	9524187
Faculty code given by A.I.C.T.E.	111299194537
Date of Birth	20-06-1994
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRIC AL AND ELECTRON ICS ENGINEERING	2015	UNNAMAL AI INSTITUTE OF TECHNOLOGY	ANNA UNIVERSIT Y	6.77 CGPA	FIRST CLASS	
P.G.	M.E.	HIGH VOLTAGE ENGINEERING	2020	NATIONAL ENGINEERING COLLEGE (AUTONOMOUS)	ANNA UNIVERSIT Y	9.16 CGPA	DISTINCTION	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :

(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-03-2022	20-05-2023	1	2	20
Total				1	2	21

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink, appearing to be 'M. K. P. S. S.', is positioned in the upper right corner of the page.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	DR. SELVA JEEVITHA S R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	24/130, NEAR SCHOOL ROAD,
Line 2	MANIKATTIPOTTAL, AGASTEESWARAM
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9488809969
Email	SELVAJEEVITHA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DVYPS5569E
Passport Number	
Aadhar Number	976971813918
Faculty code given by C.O.E.	9524205
Faculty code given by A.I.C.T.E.	143378163789
Date of Birth	30-07-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRONICS AND COMMUNICATION ENGINEERING	2009	VINSCHRISTIAN WOMEN'S COLLEGE OF ENGINEERING	ANNA UNIVERSITY	81	DISTINCTION	
P.G.	M.E.	CONTROL AND INSTRUMENTATION ENGINEERING	2011	ST XAVIER'S CATHOLIC COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	8.48 CGPA	FIRST CLASS	
PH.D.	PH.D.	ELECTRICAL ENGINEERING	2020	ST XAVIER'S CATHOLIC COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	YES		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

COMPRESSED EMPIRICAL MODE DECOMPOSITION METHODOLOGY FOR POWER SYSTEM DISTURBANCE SIGNALS AND ITS CLASSIFICATION USING BIO INSPIRED ALGORITHM

III. Faculty in which Ph.D. was awarded

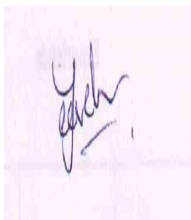
FACULTY OF ELECTRICAL ENGINEERING


IV. Academic Experience :
(Start from the Current working Experience) *

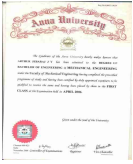

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
CAPE INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR	13-06-2011	22-05-2012	0	11	10
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-03-2022	20-05-2023	1	2	20
Total				2	2	1

V. Industrial Experience :						
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Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days
VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year							
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)			

It is certified that all the information provided are true to the best of my knowledge.							
Signature of the Faculty :							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.E.-MECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MR. ARTHUR JEBARAJ J Y
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8/960 B, 11TH STREET, RAGUMATH NAGAR,
Line 2	PALAYAMKOTTAI, MAHARAJANAGAR, PIN - 627011
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9442014178
Email	JYARTHURJEBARAJ@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ATZPA1935A
Passport Number	
Aadhar Number	201831649695
Faculty code given by C.O.E.	9524234
Faculty code given by A.I.C.T.E.	11512555325
Date of Birth	11-09-1983
Age	40
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	MECHANICAL ENGINEERING	2006	IFET COLLEGE OF ENGINEERING (AUTONOMOUS)	ANNA UNIVERSITY	73	FIRST CLASS	
P.G.	M.E.	ENGINEERING DESIGN	2009	GOVERNMENT COLLEGE OF ENGINEERING TIRUNELVELI	ANNA UNIVERSITY	75	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	14-07-2022	20-05-2023	0	10	7
FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	07-05-2012	31-05-2021	9	0	25
Total				9	11	7

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**

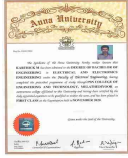
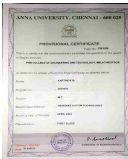
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. KARTHICK M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	102, PARAIYADI, MEDDU STREET,
Line 2	PIN - 627811
District	TENKASI
Telephone number	-
Mobile number	+91 - 6384924805
Email	KARTHICKMSK5368@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	HXNPM7017L
Passport Number	
Aadhar Number	220745221127
Faculty code given by C.O.E.	9524194
Faculty code given by A.I.C.T.E.	143374184717
Date of Birth	08-07-1999
Age	24
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRIC AL AND ELECTRONICS ENGINEERING	2020	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	7.5 CGPA	FIRST CLASS	
P.G.	M.E.	EMBEDDED SYSTEM TECHNOLOGIES	2022	PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	8.0 CGPA	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	23-11-2022	20-05-2023	0	5	28
Total				0	5	0

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days


VI. C.O.E. Appointment Experience :**Capacity at which service is extended for the conduct of Exmination during the last year**




AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
----------------------------------	---	--	--	---

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.E.-ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	DR. DARCY GNANA JEGHA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/141B CHURCH STREET, ANANTHANADARKUDY POST
Line 2	ASARIPALLAM, PIN - 629201
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9566858600
Email	DARCYJEGHA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AJVPD8982C
Passport Number	
Aadhar Number	319998153823
Faculty code given by C.O.E.	9524206
Faculty code given by A.I.C.T.E.	143373434659
Date of Birth	23-02-1977
Age	46
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRICAL AND ELECTRONICS ENGINEERING	1998	OTHERS - KARUNYA INSTITUTE OF TECHNOLOGY AND SCIENCE	BHARATHIYAR UNIVERSITY	68.1	FIRST CLASS	
P.G.	M.E.	OTHERS - PE AND D	2004	OTHERS - KARUNYA INSTITUTE OF TECHNOLOGY AND SCIENCE	ANNA UNIVERSITY	7.5 CGPA	FIRST CLASS	
PH.D.	PH.D.	ELECTRICAL AND ELECTRONICS ENGINEERING	2022	OTHERS - KARUNYA INSTITUTE OF SCIENCE AND TECHNOLOGY	OTHERS - KARUNYA INSTITUTE OF TECHNOLOGY AND SCIENCE	Y		

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

COMPREHENSIVE PERFORMANCE ANALYSIS OF DCDC CONVERTER FOR BRUSHLESS DC MOTOR PUMP WITH SOLAR PHOTOVOLTAIC SYSTEM USING SOFT COMPUTING TECHNIQUES

III. Faculty in which Ph.D. was awarded

FACULTY OF ELECTRICAL ENGINEERING

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	02-12-2022	20-05-2023	0	5	19
SATYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-12-2010	05-06-2014	3	6	5
SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2001	31-07-2002	0	11	31
STELLA MARY'S COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-07-2014	01-07-2019	5	0	1
SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-06-2004	30-06-2010	6	0	30
OTHERS - SUN INSTITUTE OF TECHNOLOGY	OTHERS - LECTURER	01-06-1998	31-07-2001	3	1	30
Total				19	2	27

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Examination during the last year

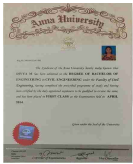

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.E.-CIVIL ENGINEERING
Name of the faculty member	MRS. DIVYA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	639 D, 15TH SOUTH STREET, THIYAGARAJANAGAR
Line 2	TIRUNELVELI 627011
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9345866394
Email	CIVIL.DIVYAM@PETENGG.AC.IN
Gender	FEMALE
Community	MBC
PAN Number	GNSPD7923Q
Passport Number	
Aadhar Number	216737686373
Faculty code given by C.O.E.	9524181
Faculty code given by A.I.C.T.E.	111096480750
Date of Birth	27-08-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	CIVIL ENGINEERING	2014	SNS COLLEGE OF TECHNOLOGY (AUTONOMOUS)	ANNA UNIVERSITY	81.3	FIRST CLASS	
P.G.	M.E.	STRUCTURAL ENGINEERING	2016	PSN ENGINEERING COLLEGE	ANNA UNIVERSITY	81.9	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	27-10-2021	20-05-2023	1	6	25
PET ENGINEERING COLLEGE	ASSISTANT PROFESSOR	01-09-2020	23-03-2021	0	6	23
Total				2	1	19

V. Industrial Experience :

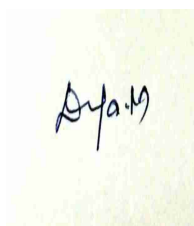
Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Examination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

A handwritten signature in blue ink, appearing to read 'Syam', is centered within a light yellow rectangular box.

Signature of the Faculty :

